Beyond the French Language Services Act (1990): Francophone service access and language ideology in Timiskaming District

Isabelle Lavictoire Burguete

Dr. Philipp Angermeyer

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1. Introduction

The *French Language Services Act* (1990) of Ontario intends to protect the rights of Franco-Ontarians through the formal regulation of French language services. While this does not guarantee official language status in the province, it does guarantee that local French language services will be offered by the provincial government to minority francophone populations within designated areas. In practice, application differs by region when institutions and public agencies must apply for designation. As of 2023, the new 'active offer' regulation requires government agencies and designated institutions to make oral or written communications, signs and other services available in French at the first point of contact and without request. Exemptions to these requirements have been found to be overapplied in order to bypass the requirement of active offer (Ontario Ombudsman, 2025). Previous research surrounding French language services in Ontario has investigated areas across the province, but none have focused specifically on Timiskaming District and the surrounding area.

The Timiskaming District is a sparsely populated census division of Northeastern Ontario, bordering the province of Quebec and spanning 13,247km^2. As of 2021, the population was 31,424, with a population density of approximately 2.4 people per square kilometre (Statistics Canada, 2022), and a largely rural settlement pattern across the region. Following the Cobalt silver rush of the early 1900s and the arrival of the Temiskaming and Northern Ontario Railway, the district is now largely composed of scattered small municipalities, including the towns of Kirkland Lake, Englehart, Cobalt, and Latchford, as well as other unincorporated townships. Temiskaming Shores, the only municipality in the district with city status, is itself an amalgamation of the towns of New Liskeard and Haileybury, and the Dymond Township. The

city is Ontario's second-smallest city by population, with 9,634 residents as of 2021 (Statistics Canada, 2022).

Francophone presence in the region is historically substantial, beginning with French Canadian and Métis fur traders present on Lake Temiskaming in the late 17th century, when Fort Témiscamingue was established on the eastern shore (Telfer, 2004; Parks Canada, n.d.). By the twentieth century, French-Canadian migration out of the Ottawa Valley and into the Northeastern Ontario Clay Belt saw a large increase in francophone settlement in the region (Strengthening Rural Canada, n.d.). Across the district today, approximately 20% of residents reported French as their mother tongue, in comparison to the province's 4.2% (Statistics Canada, 2023). In the city of Temiskaming Shores, this share jumps to 28.4%, compared to the 66.4% reporting English as their mother tongue (Statistics Canada, 2023). The remaining 5.2% of the city's population is made up of speakers of other languages such as German, Dutch, Italian, Ojibwe and Cree.

Given the historically significant yet comparatively understudied francophone presence in the region, the present research employs semi-structured interviews with francophone senior-aged residents of Temiskaming Shores and the surrounding district to examine French-language services across health, education, social, justice and transportation sectors. This research situates current policy within its historical context and explores the role of personal, communal and linguistic identity in participants' relationships to French-language services. Contributing to a broader body of literature on French-language minority service access in Canada and Ontario, this research extends existing work on urban and institutional contexts into a rural Northeastern Ontario setting.

2. Background

2.1 Literature review

Previous research on French-language maintenance in Canada has been analyzed using ethnographic, variationist, and language policy-based traditions. In the ethnographic tradition, significant contributions have been provided by Heller (2003; 2006; 2010; 2011), focusing on the role of communal identity, French-language education, language commodification and postnationalism. In Heller's body of work on the subject, language policy for Franco-Ontarians is argued to be shifting from a nationalist-based identity to one framed by economic and capital commodification. In the variationist tradition, the focus of research has been placed on the quantitative analysis of specific linguistic variation, applied to Laurentian French and resulting in the "restriction hypothesis" (Beniak & Mougeon, 1991). This hypothesis refers to the extent to which a minority language speaker's grammatical patterns reflect contact levels through anglicization, correlating with the restriction of French-language access across social domains. Most commonly, this is reflected through lexical borrowing and code-switching, loss or simplification of low-frequency features, and discourse marker alternations (Mougeon & Nadasdi, 1998; Mougeon, 2006). Lastly, in the language policy and linguistic landscape traditions, the primary inquiry is into the representation of languages on public and commercial signage, as well as government communications. Much like Beniak & Mougeon's restriction hypothesis, investigations into language signage support the notion that minority linguistic communities experience limited visibility of their language within a given linguistic landscape. This approach argues that language use in these domains directly correlates to a community's ethnolinguistic vitality (Backhaus, 2012; Landry & Bourhis, 1997). This approach further

distinguishes between top-down signage, implemented by larger institutions and mandated by policy, and bottom-up signage, implemented by private and commercial organizations without language policy mandates.

The analysis of French-language service accessibility in the province of Ontario is broadly well-established, but largely concentrated in the study of urban areas (Toronto, Ottawa, Sudbury), and most commonly geared towards education and health services (Heller, 2010; Carr et al., 2023), or community vitality specifically (Allard & Landry, 1994). Within the decades-long body of work on the subject, a small gap is found in rural and small-town service access, especially in Northeastern Ontario. Research in rural and Northeastern Ontario has focused largely on barriers within the medical profession and physician and healthcare provider experiences in delivering French-language health services, primarily coming out of Laurentian University's Centre for Rural and Northern Health Research in Sudbury (Gauthier et al., 2015; Gauthier et al., 2016). Additionally, the bulk of the data on the subject revolves around provider-based interviews or purely quantitative analysis. Where this gap will be addressed in this research is in its subject (residents rather than providers) and in its scope (multi-service rather than single). While regional analysis addresses the fact that barriers exist in French-language services in Northeastern Ontario, it often does not address the minority language and communal experience.

2.2 Historical background

Policy

Language policy in Ontario plans for the distribution of public services in both official languages, depending on the level and service designation in the area. However, gaps in

application often lead to unequal accessibility and difficulty finding necessary public service resources (Savard et al., 2020). Despite this, language policy and its application cannot be regarded as the only responsible factors in the lived experience of Franco-Ontarians seeking French-language services. Instead, communal and personal identity, lived experience, community perspectives and language use each influence the linguistic identity of a speaker and inform perception and opinions surrounding French-language service experiences. In modern economic and social contexts, French speakers must maintain their sociolinguistic and cultural identity as minority language speakers despite the commodification of the French language, language transfer and loss, and lack of consistent policy application throughout history (Cartwright, 1998; Bourhis, 1997). Consequently, Franco-Ontarians experience pressure to assimilate into anglophone majority groups while maintaining their ethnic and social affiliations, what Heller (1994, p.2) refers to as the *Invisible French.* When comparing the linguistic landscapes of francophone Ontario and Québec, the assumption of the existence of monolingual Franco-Ontarians is strongly lacking. What is seen in francophone Québec is the assumption of either monolingual francophones or bilingual anglophone communities through adaptation. In contrast, the assumption often seen in Ontario is that francophone communities are bilingual, requiring adaptation to anglophone communities, while anglophone communities need not adapt by embracing bilingualism. For outsiders assimilating to francophone communities, assimilation requires speakers to integrate themselves into a linguistic conflict including culture, government, public institutions, business and private sectors, indexing a politically significant standing depending on the approach taken (see for example Das, 2016 on Tamil speakers in Montreal).

Following the final report of the Royal Commission on Bilingualism and Biculturalism in 1969, the federal government passed the Official Languages Act, leading to the official language

status of French in Canada. The province of Ontario opted for a strategic approach towards French language services, which addresses the service demand on a bit-by-bit basis, or as otherwise referred to as "overly prudent gradualism" (Cartwright, 1998; Leclerc, 1990). This approach, based on the concept of bilingual districts borrowed from Finland, was incorporated to encourage the lower levels of government at the provincial and municipal levels to emulate the bilingual services seen in federal offices and agencies. When presented to the provincial government in 1973 by the Bilingual Districts Advisory Board (BDAB), the concept was rejected. Instead, the provincial government opted for an approach of meeting the demand for bilingual services when and where it arose by decision, rather than designating bilingual districts (Canada BDAB, 1973). At the time, the provincial government would not condone the concept of bilingual districts, but was focused on supplying services "wherever feasible" (Cartwright, 1998, p. 275). This approach primarily attempted to mitigate backlash from the anglophone majority by proceeding through offering services slowly and cautiously, especially given the prominent Alliance for the Preservation of English in Canada (APEC) fighting against these policies and programs in Ontario and across the country at the time. Throughout the history of the province, French-language services and bilingual language policy in Ontario operated around attempts to meet demands only when brought up, rather than by creating the larger bilingual districts with adequate service accessibility before the need is demonstrated.

Following the passing of Bill 8–the *French Language Services Act*– in 1986, which was later revised and consolidated in 1990, the approach to French language policy in the province shifted towards the system of designating bilingual districts. By this point, the need for bilingual districts was related directly to the type of service to be provided for each jurisdiction, leading to the system in place today, where the distribution of services is relegated only to either partially or

fully designated areas with significant enough francophone populations, or enough demand for a French-language service. With this in mind, the approach of gradualism does, however, permit corrective measures to be implemented when necessary in cases where legislation and its application were vague and ambiguous.

Within the specific context of Ontario's French Language Services Act, territory and space refer to district boundaries (see Figure 1), specifically selected to allow for reference to the boundaries of census districts, municipal governments, school districts and electoral districts, consequently allowing for complementary services at both the provincial and municipal level (Cartwright, 1998). Under the French Language Services Act (1990), municipalities were, and still are, excluded from the responsibility of providing their own services in the French language. If a municipality has a significant francophone population, it may opt into the act if they wish to offer a portion of their services in French (Government of Ontario, 2016). However, municipal administrations most often lack coherent language policy schemes across the board, leaving the power to decide their approach to policy administration in the local government's hands and largely influencing the reality of policy application at the local level (Backhaus, 2012, p. 227). At this level, municipal communications, public signage and local services are included in the choice of the local government, in addition to the decision to opt in or out of provincial service designation for French language services.

In the case of Temiskaming Shores, the only municipality in the Timiskaming District with a city status, public signage and municipal communications are sometimes, but not always, offered bilingually. This seems to be the case in most municipalities within the district, but case studies would be necessary to determine this, given the lack of official documentation available at these smaller municipal levels. Most worldwide bilingual municipalities often fall into one of

two counter-directional trends: (1) language policy as a way of catering to the needs of a linguistically diverse population, and (2) language policy as a way to control language use through restriction on administration and citizen language use. Across the province, municipalities follow the first direction of language policy application (Backhaus, 2012, p. 241). At the level of provincial services, each municipality in the Timiskaming District adheres to the French Language Services Act (1990), belonging to a fully designated area and thus required by provincial regulation.

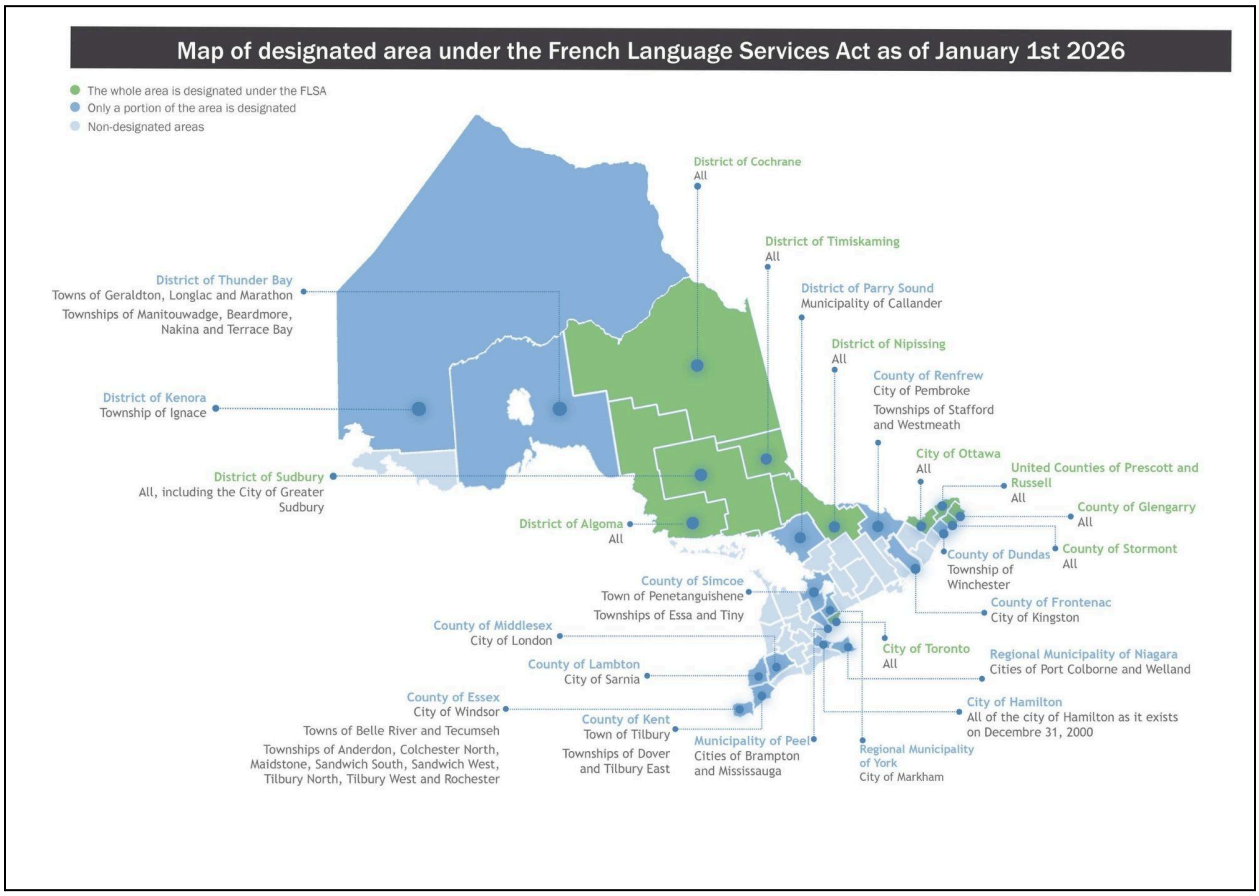

Fig. 1: Map of designated area under the French Language Services Act as of January 1st 2026. Reproduced from *Government services in French: Government of Ontario* (2026).

Education

In the history of French-language services, the most common focus of attention is on the education system. Under the 1912 *Regulation 17*, primary schools were prohibited from the use

of French in instruction beyond grade 2 and limited the number of hours students could receive French instruction in a day. This regulation required the delivery of French-language primary education to occur only following the request of a parent. The regulation remained in effect until 1944, but the legal right to French-language education in elementary and secondary schools was not recognized by the Ontario government until 1984 (Government of Ontario, 2016). Following the Fewer School Boards Act of 1997, French-language schools were moved from under the umbrella of English boards to their own independent boards, including eight Catholic and four public boards. Like that of the English boards, French-language education services remain publicly funded for both Catholic and public boards. Throughout the history of French-language education services, the policy of "overly prudent gradualism", discussed previously, has been to meet the needs of the linguistic population on a bit-by-bit basis, where they arise (Cartwright, 1996, p. 244).

Within Ontario's francophone education system, schools have since built communal relationships through the maintenance of the French language and culture within small, homogeneous and originally largely monolingual populations. Throughout the 20th century, with a growing heterogeneous francophone community and an increase in immigration from non-Ontarian francophones, the francophone education systems grew increasingly diverse (Heller & Mougeon, 2010). As a result, planning has shifted in French-language education services to account for the ever-changing needs of the francophone population, catering to a heterogenous and widely changing demographic with differing linguistic needs and proficiency levels. Interstudent differences in educational needs lead to the responsibility of the school board, school administration and teachers to respond to the needs of the students and adapt the French-language curriculum in accordance with these differences. Despite these adaptations, the

education system remains dependent on the extent to which language planning is paired with lower-level adaptation to a changing demographic in order to prioritize language and community stability rather than homogeneity. These relationships, directly tied to the community and its members, often leave little room for the perception of a lack of accessibility, with stronger and more visible outreach (Heller & Mougeon, 2010, p. 212). Education is often regarded as the first and most important factor in Franco-Ontarian vitality, especially when education and its system are upheld by this community's stability (Heller, 1994, p.165). Heller further defines education as the aspect responsible for the defence of *la francophonie* against English assimilation and oppression by anglophones. In this sense, the education services are seen as the pillar of autonomous development for the Franco-Ontarian community, acting as a major source for language preservation through literacy and language education, reinforced throughout a child's education across all levels and subjects and into adulthood.

Health

At the provincial public health level, Franco-Ontarians often report facing a variety of difficulties in accessing necessary services and institutions in French (Bowen & de Moissac, 2017). In the case of public health services, approximately 40% of Franco-Ontarians report perceiving access to French-language health services as either very difficult or impossible (Savard et al., 2020), while approximately 33% report having a family doctor with whom they communicate in French (Gagnon-Arpin et al., 2014, p. 203). Francophones may face barriers when accessing health services, such as having a reduced ability to communicate effectively with providers. In patients with limited English skills, the ability to understand medical conditions and medication use is diminished (Wilson et al., 2005). For Franco-Ontarians, health outcomes are statistically lower while chronic illness rates are statistically higher when comparing them to

those of Anglophones (Bouchard et al., 2012). This includes higher rates of hypertension, asthma, smoke exposure, and obesity.

For francophones in northeastern Ontario, regional analysis of linguistic groups' health measures reveals them as one of the most vulnerable in comparison to the general provincial population. When compared with the Franco-Ontarian general provincial population, northeastern Franco-Ontarians have the following rate differences in health problems and disease (see Table 1).

Health Problems	Franco-Ontarians	Northeastern Franco-Ontarians
Heart disease	5.7%	9.1%
Hypertension	19.7%	23.5%
Overweight	36%	38.9%
Arthritis	20.7%	26.7%
Back problems	21.8%	25%

Table 1: Bouchard et al., 2012. La santé des francophones de l'Ontario. Un portrait régional tiré des Enquêtes sur la santé dans les collectivités canadiennes. As reported in: Gauthier et al., 2015.

According to the Public Health Agency of Canada (2015), public health services are a key determinant of health, contributing directly to population health through the promotion of health, disease prevention and health restoration after illness. This indicates that the improvement of health services offered to francophones in northeastern Ontario may reduce the amount of health disparities found in the linguistic subpopulation.

The role of travel required and distance to services has a significant effect on the accessibility of the services themselves. This is reinforced by the fact that the majority of Franco-Ontarians live in a small number of towns, townships and villages, often tied to the rural and isolated lifestyle of small towns (Statistics Canada, 2011). A 2023 study reveals monolingual

francophones face a "modest but statistically significant travel burden" when accessing primary health services in comparison to the general provincial population (Belanger et al., 2023, p.441). Bowen & de Moissac (2017) report a shortage of professionals and retention of providers, lack of appropriate interpretation services, and the neglect of preventative primary care as some of the ongoing challenges to French-language service accessibility today.

Social / Transportation

While some sources have previously explored the French-language social services in Ontario, those which explore service accessibility and historical use from a relevant perspective are often tied to health services as a primary topic (Savard et al., 2021; Savard et al., 2020; Bonneville et al., 2018). In general, a limited body of work focuses on French-language social services. In work focusing generally on public services, social services are typically of small consideration, largely tied to their relationship to ongoing or long-term health services. In the case of transportation and infrastructure services, almost no mention has been made in academic literature of the topic. Within public services, this sector most often refers to provincial transportation agencies like Metrolinx–including GO Transit–and the Ontario Northland Transportation Commission, as well as driver licensing, vehicle registration and other services available through ServiceOntario and the Ministry of Transportation. In wider-scoped research, transportation and infrastructure services are rarely mentioned, likely in part due to their standardization across the province and their most common use being in physical ministry offices.

Justice

Beginning as a pilot project in Sudbury in 1972, French-language judiciary services began in Ontario provincial courts. Following its success, an amendment was made to the Judicature Act and the Juries Act in 1977, allowing for permanent French-language services in criminal divisions of the provincial court systems, limited to designated areas (Cartwright, 1996, p.246). While the rest of the province had not yet begun using the designation of district areas, these provincial court systems had already aligned with existing counties and districts. By the end of the 1970s, an amendment to the Criminal Code led to criminal cases being possible in French across the entire province, with the condition that this was limited to cases to be heard before a judge, and not in front of a judge and jury. If a trial were to be held in front of a judge and jury, it could only be held in a designated area and required the transfer of the accused to a designated area for trial. Throughout the 1980s, provisions extended the French-language judiciary services to cover civil courts, family court, small claims courts and provincial offences courts, with the exact same conditions extending across the province for travel to designated areas if a case were to be heard before a judge and jury. By 1989, an individual could file their documents in their choice of French or English in any provincial court without providing accompanying translation, with the ongoing exception that any case requiring a trial by judge and jury must be done in a designated area. As of 2006, the justice sector has readjusted to a strategic plan for the active offer of French-language services, meaning these services must be present and made known at the first point of contact (Cardinal et al., 2017; Cardinal & Sauvé, 2010). In 2022, the *Active Offer of Services in French* was set out as prescribed measures for agencies and bodies, which act as the ongoing regulation of Tribunals Ontario, including

signage, publicized availability and equivalent quality of services in both languages (Government of Ontario, 2023).

3. Methodology

This research addresses the following research questions: How do the current provincial language policy and its application affect francophone residents of the Timiskaming District? How do these francophone residents experience access to French-language public services? To what extent do these experiences align with or diverge from the language policy?

3.1 Data collection

To answer the research questions, data was collected through semi-structured interviews conducted with senior-aged Francophone community members in the Timiskaming District. Data was collected in this manner to elicit lived experience, personal identity and community-level perception outside of existing documentation and secondary sources. In addition, limited data on the topic exists in the region, and any analysis on the subject would require new data to be collected. The utilization of one-on-one semi-structured interview data allowed participants the opportunity to share personal relationships to language, language policy and French-language services in a nonjudgmental and anonymous manner, reducing pressures associated with group or formal interviews. While some difficulty was encountered in planning and organization ahead of time, in part due to the nature of virtual pre-planning with exclusively senior community members, interest in participation grew significantly once I arrived on location. Prior to my on-site arrival, difficulties included limited responses to online registration and a lack of response to correspondence.

Private interviews were conducted in person at three pre-selected locations in the region: (1) Temiskaming Shores Public Library, (2) Dymond Court Seniors Residence, and (3) Coeur du Village Community Centre of Earlton. At each location, interviews took place in pre-booked

private rooms to ensure confidentiality and minimize any interference. As the research organizer, my participation was limited to providing information to participants when registering, advising community members of the opportunity to participate and gift card raffles, and sharing registration materials with participants and organizations posting the information, including the Temiskaming Shores Public Library, *the Temiskaming Speaker* (newspaper), and the Dymond Court Seniors Residence. During the interviews themselves, my participation as an interviewer necessitated the sharing and explanation of interview materials and tools, as well as some clarifying questions to participant responses when necessary. All interviews were conducted entirely in French, but had no rigid rules for language use. My participation was conducted in French to motivate participants to feel comfortable and to help alleviate my being perceived in interviews as an outsider. Further, I have spoken Laurentian French throughout my entire life, despite never living in a francophone community. As a Franco-Ontarian myself with a longstanding family lineage in the region strongly involved in the historical fight for French-language rights, I did not encounter the perception from others as an outsider at all during my participation. In fact, my family history in the region and its ties to the creation of systems for French-language services[1] allowed me to be perceived as someone working from the point of activism for the community.

Each interview consisted of 28 questions, each posed in French, covering four domains: demographic information and participant screening questions, history of use of French-language

[1] Laurent Bélanger, my great-grandfather, was named to the Order of Canada in 1998 for his work within the French-Canadian community of Earlton, Ontario. This includes the creation of the *Fondation communautaire du Témiskaming*, as well as the establishment of the *Centre de santé communautaire du Témiskaming* (Newspapers.com, 2007; CBC Radio-One Archives, 2008; La gouverneure générale du Canada, n.d.).
My grandmother and her brother, Charlotte and Pierre Bélanger, each continue to contribute largely to local services.
Pierre Bélanger acts as board chair of the *Northern Policy Institute* (Northern Policy Institute, 2026).
Charlotte Bélanger acts as board chair for the *Centre de santé communautaire du Témiskaming.*
The involvement of these family members is well-known to local community members, especially of the senior-aged demographic, likely signaling a personal investment into local activism on my part to interview participants.

public services, personal opinions and experiences related to service access, and language ideologies and perspectives. Questions consisted of a combination of yes/no responses, seven-point Likert scale ratings, and open-ended prompts, in order to generate both quantitative and qualitative data for analysis. The materials used included a visualized and colour-coded seven-point Likert scale (see (1)), a list of what does and does not qualify as a provincial public service, broken down by sector, and an interviewer script with all 28 questions pre-selected. However, room for flexible follow-up questions was included, per semi-structured interview conventions. This structure of interviews was selected to ensure participants' answers responded to all necessary quantitative categories, while allowing the freedom to discuss related perspectives, opinions and experiences for the sake of qualitative analysis. Outside of interviews, printed posters and sign-up sheets were shared with individuals, community structures and institutions, with an invitation to circulate to any francophones in the area.

(1) Likert Scale:

7. Extrêmement facile	*Extremely easy*
6. Très facile	*Very easy*
5. Un peu facile	*A little easy*
4. Neutre	*Neutral*
3. Un peu difficile	*A little difficult*
2. Très difficile	*Very difficult*
1. Impossible ou presque impossible	*Impossible or almost impossible*

Questions on service use, perception and experiences were divided into the following provincial public service categories with examples for participant reference. These categories were selected for ease of identification and to match the most common perceptions of public service types.

1. Health services: family doctors, public clinics, hospital emergency services, etc.
2. Social services: Ontario Works Program, Ontario Disability Supports Program, Family and Children Services, etc.
3. Education services: Public and Catholic elementary and secondary schools.
4. Justice and correctional services: Correctional and probation services, rehabilitation services, court services, etc.
5. Transportation and infrastructure services: Vehicle registrations, driving license examinations, Ministry of Transportation Ontario, etc.

3.2 Participants

The participant demographic sampled a total of 21 francophone senior community members in the Timiskaming District, due to their long-term residency and likely experience with multiple public service sectors. Of the participants, 12 were residents of the city of Temiskaming Shores, itself an amalgamation of the towns of New Liskeard, Haileybury and Dymond. 7 of the participants were residents of Earlton, while the remainder were from other small towns across the region. The final sample included participants varying between the ages of 60 and 87, with an average age of 75.67 (See Figure 2). Of all participants, 76.2% were self-described bilingual French and English speakers, while 23.8% were monolingual French speakers. Notably, all participants were native French speakers. Participants ranged in employment type, including

retired and current teachers, hospitality workers, farmers, stay-at-home moms, trade workers, and a collection of others (See Figure 3).

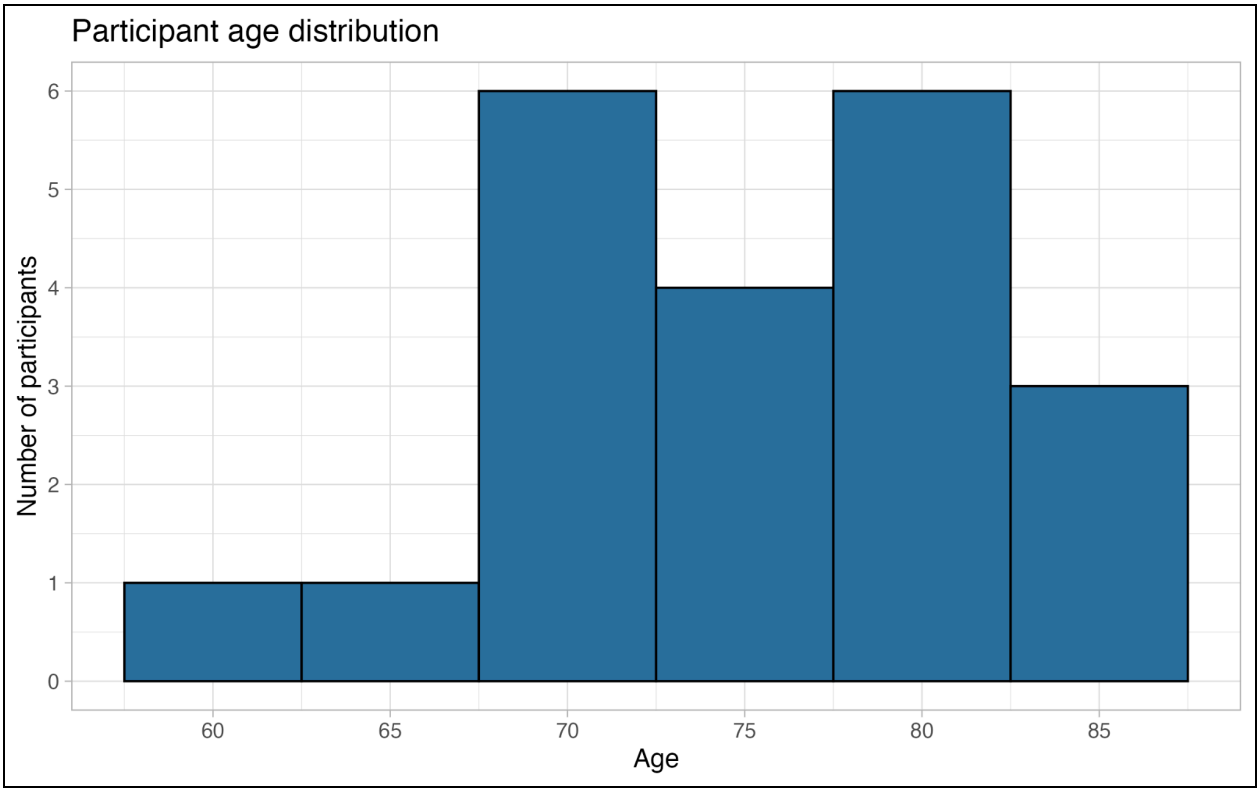

Fig. 2: Breakdown of participant age distribution.

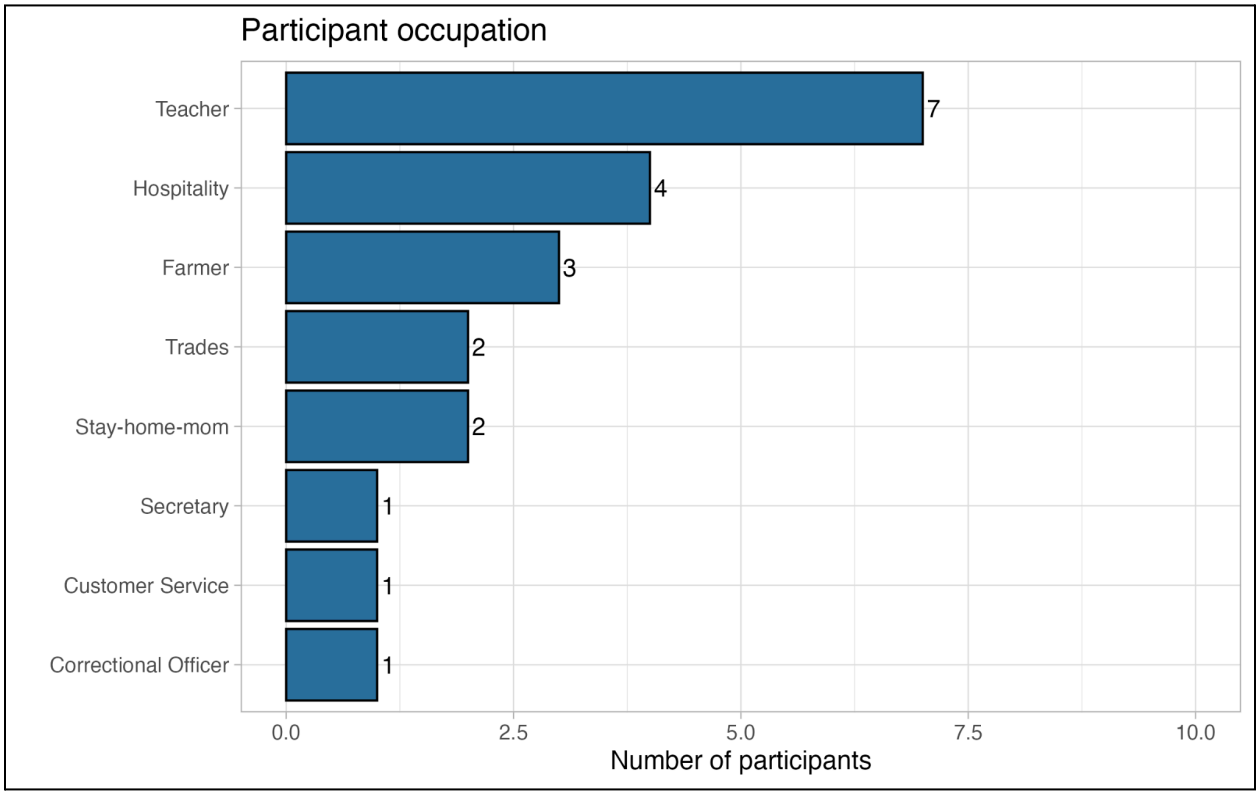

Fig. 3: Breakdown of participant occupations (pre-retirement).

Interviews with participants ranged between 20 and 30 minutes in length and were audio-recorded in their entirety with participant consent through Zoom audio meeting recording. Following data collection, all audio recordings were broadly transcribed for analysis and stored using randomly assigned pseudonyms in place of identifying information, consistent with the anonymization protocol used for audio recordings. Participant incentives were offered, with two $25.00 gift cards for Tim Hortons and one $50.00 gift card for Petro Canada through a random draw where all participants were anonymously assigned numbers and a random number generator was used to select the winners of each card.

3.3 Analysis

All quantitative responses, including yes/no questions and Likert scale ratings, were coded and entered into a structured dataset for statistical analysis, including descriptive statistics, correlation and regression modelling. Qualitative responses from open-ended questions were analyzed to examine patterns in language use, identity construction, and service experience expressed by participants.

All quantitative data were manually coded and entered into a dataset and processed using R packages. Likert scale reversal was used to correct the original scale, where 1 represented the most accessible and 7 the least, reflecting the order in which the Likert Scale printed materials were presented to participants instead of the natural order in quantitative interpretation. For statistical interpretation and graphing, this scale was reversed using the transformation [8 - x], resulting in a score of 7 consistently representing high accessibility and 1 representing low accessibility. This reversal was required for the correlation and regression analyses of service accessibility to be interpretable. All quantitative analyses were conducted using R.

Transcripts were automatically generated using the audio recording software during meetings, and each was cleaned up and scanned for accuracy following the conclusion of interviews. Closer read-throughs to ensure accuracy were also conducted later in the process prior to analysis in order to ensure each transcript accurately matched each meeting's audio recording. All qualitative data underwent transcript content analysis to identify recurring and relevant themes in identity construction, French-language service experience and language use patterns. Analysis of participant perspectives, opinions and experiences was registered using anonymous labels and organized in independent documents.

4. Results

Initially, results will be broken down by sector and analyzed individually. Each sector analysis will combine both quantitative and qualitative findings into one larger analysis, allowing for a combined approach rather than considering the findings in isolation. Following the analysis of each sector, a comparison of all results together will be used to understand the findings at a larger scale beyond what is found at the individual sector level. This will be used to understand the implications of findings outside of merely one sector's policy application and its effects.

4.1 Health services

Participant responses on health service accessibility produced an average rating of 5.68 on the Likert scale (from 1-7), with a range of five points between the minimum of 2 and maximum of 7. Participants were given a list of what services do and don't count under provincial public health services; those which participants were asked to consider for this section included family doctors, public clinics, hospital emergency services, nurse practitioners, etc. A full breakdown of participant score distributions (Figure 4) reveals the majority of participants responded 5 or 6 out of 7 points, indicating high accessibility among the community. Of the participants who reported having used health services in the region, 90.5% reported doing so in French. No notable outliers were found when comparing participant scores to demographic characteristics. The strongest outliers were those of occupation, with teachers rating +0.38 points above average, and hospitality workers, trade workers, and correctional officers all rating -0.62 points below average. Of the four participants rating health services with a perfect accessibility score, three of them were teachers, suggesting a possibility that teachers may have stronger service accessibility knowledge.

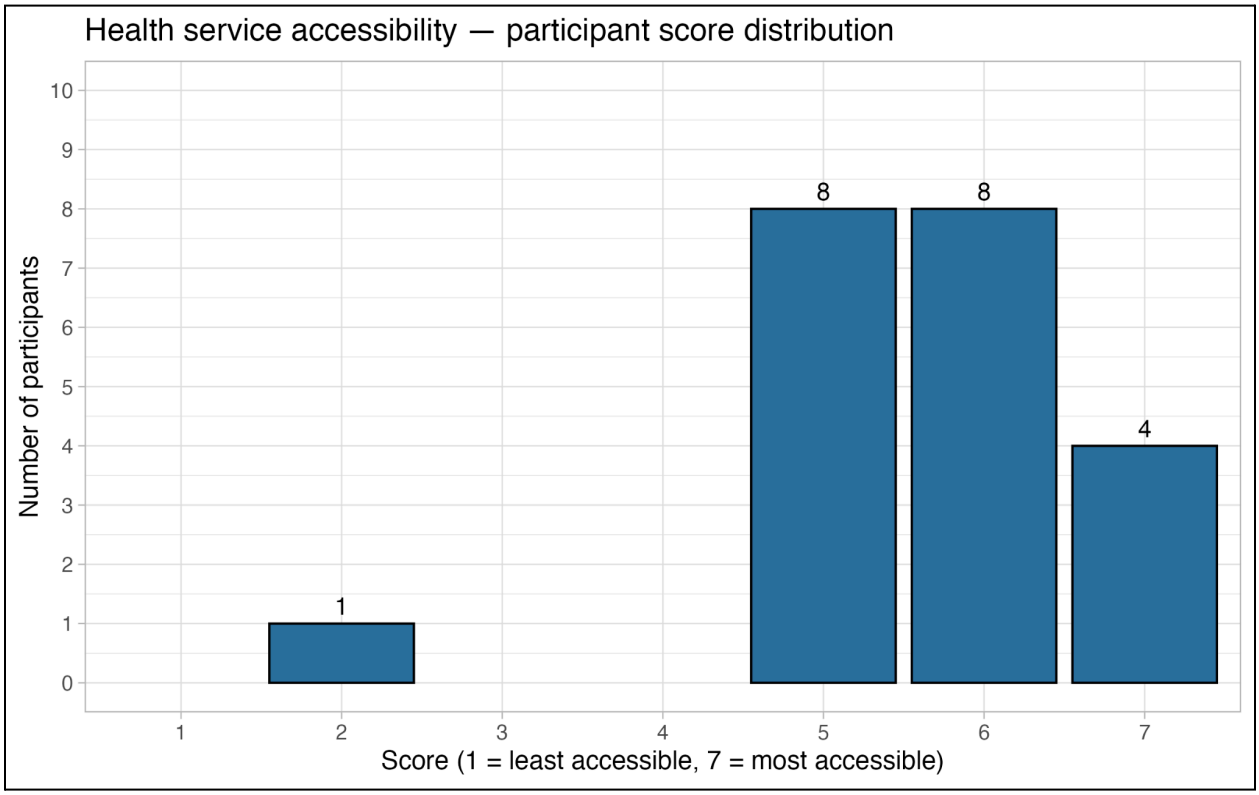

Fig. 4: Health service accessibility – participant Likert scale score distribution

Several participants reported their inability to find or keep a French-language primary care physician, or family doctor, with many making comments pointing towards a perspective of scarcity, rarity and the threat of providers leaving the area and moving away, as shown in (2).

(2) P9 (00:20:39):

"Je suis juste contente que vraiment, j'ai mon docteur en français. Je suis très contente pour ça… Espérons qu'il va rester là un petit bout de temps, qu'il va rester ici."

'*I am just happy that I have my family doctor in French, really. I am very happy about that… Let's hope that he will stay there for a little while, that he will stay here.*'

In addition, participants reported experiences ranging from being switched from a French-language primary care physician to an English-language one, without any notice, to being able to access French-language services at hospital reception or triage desks, but the services may not continue into provider interactions in emergency rooms. One interview resulted in the participant sharing a story from approximately 2007-2008 on the subject, wherein the participant's mother, a monolingual woman, was in need of urgent health care services and visited the Emergency Room at Temiskaming Hospital located in Temiskaming Shores. Upon her arrival, there were no French-speaking providers present that night, leading to the misunderstanding of her explanation of symptoms. As the participant reported, the patient was sent home for a sore throat when she was describing the symptoms of a brain aneurysm, leading to her death the following day after being misunderstood. The effects of this event are described by the participant in (3). While the reality of minority-language health care has largely changed in recent decades, allowing over-the-phone and video interpreting services to become widely available in all Ontario emergency rooms, in-person interpretation was the standard at the time of the story.

(3) P13 (00:04:54):

"Elle ne pouvait pas communiquer avec personne là-bas. Elle était en douleur. C'est ta langue maternelle quand tu ne te sens pas bien… En tout cas, ça, c'est un incident que nous, on n'a jamais oublié. Ça nous a vraiment marqués… et puis, en tout cas, ça nous a vraiment peinés aussi."

'*She couldn't communicate with anyone over there. She was in pain. It's in your mother tongue, when you don't feel well… in any case, that was an incident that we have never forgotten. It really marked us… and, in any case, it really hurt us too.'*

Uneven results were found in participants' reports of health service accessibility: the service was second-highest rated on the Likert scale for accessibility, yet the highest percentage of participants reported difficulty accessing the service. One of the most likely explanations for this mismatch is the wording difference between Likert-scale prompts and questions targeting difficulty accessing care, as seen in (4) and (5).

(4) Likert scale prompt:

Interviewer: "Selon l'échelle, quel numéro correspond le plus à la possibilité d'accéder aux services publics de santé en français ?"

'*Using this scale, which number best reflects the ability to access public health services in French?*'

(5) Difficulty of access questions:

Interviewer: "Avez-vous déjà accédé à des services de santé publics en français? Si oui, avez-vous eu de la difficulté à accéder à ces services?"

'*Have you ever accessed public health services in French? If yes, did you have any difficulty in accessing the service?*'

The wording of the Likert scale requests that participants identify an abstract opinion on the *possibility* of accessing the service in French, while the questions surrounding difficulty require participants to refer to their own lived experience using these services. While participants know the service exists in the area and is accessible, naming the experiences they may have encountered can result in the identification of the gap in application. Further, as some participants have identified, initial encounters with public health services may be in French when

interacting with emergency room triage and reception areas, but interactions with primary care providers, emergency room providers, doctors, and nurses may be far less easy to find in French. Notably, public health services also allow for the most misrepresentation by participants, where experiences with specialists, who fall outside the *French Language Services Act* designation, may inform the participants' perception and response in the level of difficulty when accessing the service. In total, twelve of all twenty-one participants made mention of specialist health care services, and the difficulties they face in accessing them (including but not limited to only being accessible in English or requiring long and far travels to access in French). Finally, a relevant consideration is the rate of service use in comparison to the other sectors. The health service sector was the only section of interviews where zero participants opted out of answering the Likert scale answers, creating opportunity for more varied results than other sectors' results.

4.2 Education services

Responses on education service accessibility produced an average rating of 6.00 on the Likert scale, the highest rating of all service sectors, with a range of 3 points between the minimum of 4 and maximum of 7 (see Figure 5). Again, participants were asked to refer to examples of provincial public education services, and reminded that this includes public and Catholic schooling at both the elementary and secondary levels. Participant score distributions reveal the largest number of 7-point ratings of all sectors, with all but one rating at 5 or above on the scale, indicating very high accessibility in the region. 95.2% of all participants who previously used education services in the region did so in French. Outliers based on location show the lowest rating of -0.56 points below average for participants who are residents of New Liskeard. This is the largest group of participant locations, making the lower average than

smaller and more rural towns notable. Participant-based scores show the three participants who were or are career farmers rated education services with a perfect score of 7, while the seven participants who were or are teachers rated education services as -0.29 below the average score (averaging 5.71). Teachers rated education the lowest of all major occupation categories, with the single 4-point rating also coming from a teacher. It is worth noting education services pose a unique circumstance for participant responses, given all participants are elderly. Participants were asked to reflect on their own experiences with public education services (elementary or secondary, public or Catholic), or that of their children and/or grandchildren while also considering the current French-language education services in the region.

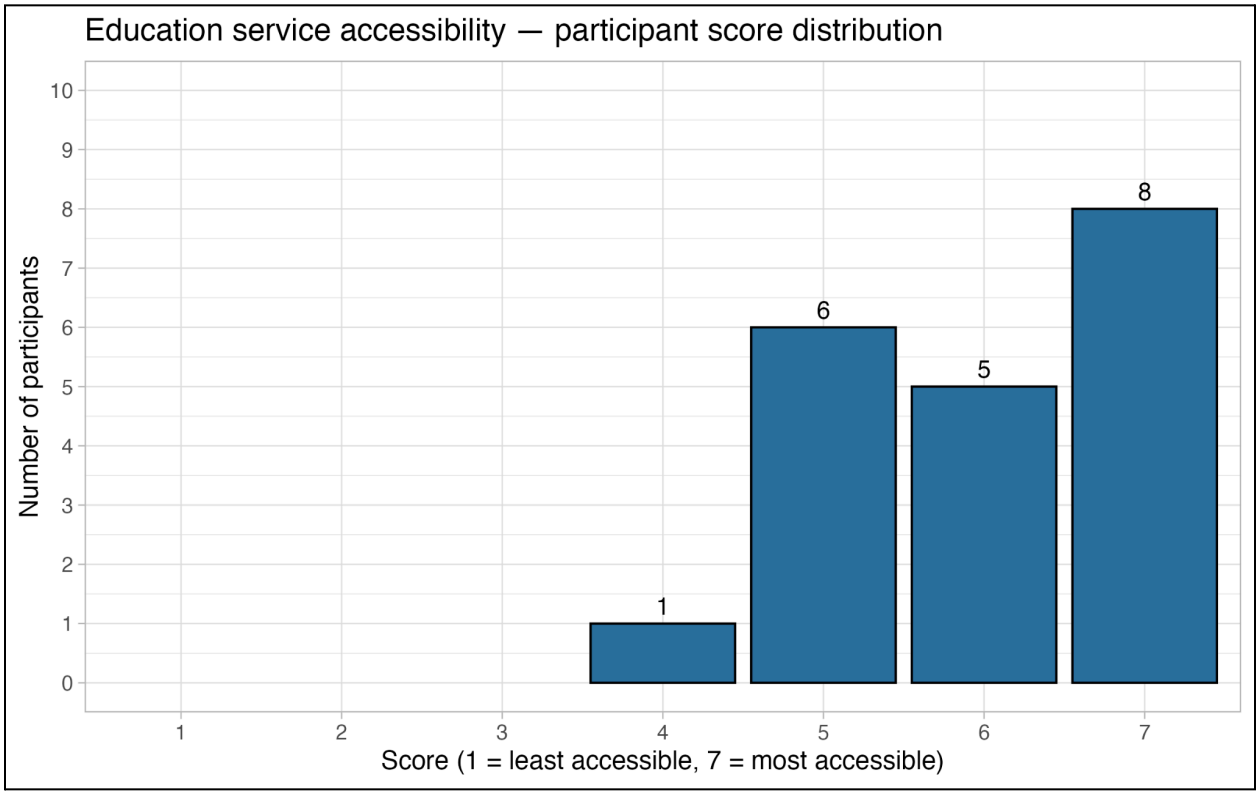

Fig. 5: Education service accessibility – participant Likert scale score distribution

In a similar case to that of health services, four participants rated education service accessibility as a 7 on the Likert scale, while simultaneously reporting facing difficulty accessing

the service in previous education service encounters. The same wording was used for the questions targeting different sectors, meaning the difference in phrasing between (4) and (5), repeated per sector, may explain these mismatched responses by participants.

The most notable pattern found in this sector was the reports by participants who are or were teachers as their occupation. Six of the seven participating teachers reported a significant lack of resources in French-language education, impacting the ability to rely on and access services in the region. Several reported the opinion and perception that English-language schools had access to a far larger amount of resources and materials for language education. Further, several participants reported schools facing a smaller and smaller amount of schoolyard and intra-administration communication in French, having the English language become more common for communication outside of the class-based learning setting and impacting the communal and cultural maintenance of the French language within the schools. The anglicization of French schools is reported through several interviews, as seen in (6), (7) and (8). These quotes from participants illustrate the ever-changing linguistic and cultural landscape within French schools and depict a lack of language upkeep among children, teachers, family and school administration. While language use outside of the classroom setting cannot be policed, the larger shift towards English outside of the classroom effectively reduces the cultural valuing of the language and subsequently reduces the communal identity and homogeneity tied to francophone culture.

(6) P12 (00:30:34):

"La directrice de l'école s'est adressée en anglais parce qu'elle dit qu'il y a des parents anglais dans l'école … C'est une école française aussi."

'*The school principal spoke in English because she said there are some English-speaking parents at the school … It's a French school too.*'

(7) P18 (00:11:25):

"Même à l'école, qui est une école francophone, il y a de plus en plus d'anglophones. Alors l'école est devenue un endroit où on entend beaucoup plus d'anglais que de français … T'entends les profs qui parlent en anglais aux enfants … je ne vois plus la fierté d'être francophone chez les plus jeunes, ou très rarement, très rarement."

'*Even at the school, which is a francophone school, there's more and more anglophones. So the school became a place where we hear more English than French … You hear profs who are speaking English to the kids … I don't see the francophone pride in kids, or very rarely, very rarely.*'

(8) P15 (00:24:44):

"C'est cool de parler en anglais dans la cour de récréation d'une école francophone … Mais tu arrives quand ils sont plus vieux, 20 ans, puis qui vont à l'Université … c'est drôle, ils parlent français entre eux."

'*It's cool to speak English in the schoolyard of a francophone school … but you get to when they are a bit older, 20 years, and they go to university … it's funny, they're speaking French to one another'*

Several participants report being required to travel long distances to access French-language education, or relocating entirely to be near francophone schools. One

participant reports their local francophone school closing entirely, requiring them to travel an hour each direction to the nearest francophone school for elementary schooling, as shown in (9), while another, quoted in (10), reports having no nearby options for French secondary education in the region, and being required to travel 300 kilometres from their home to attend a private French-language school. In total, five participants made mention of travel and relocation for French-language education in the face of lack of local services.

(9) P2 (00:12:10):

"On avait une école française à Heath Lake, puis ça a été fermé parce qu'il n'y avait pas assez d'enfants, puis on était obligé de les envoyer à Earlton … Ça, j'ai trouvé qu'il y avait bien de l'injustice."

'*We had a French school in Heath Lake, and it closed since there were not enough kids, and we were required to send them to Earlton … That, I thought, was really an injustice*.'

(10) P21 (00:19:45):

"Pour que j'aille au secondaire en français, j'ai dû aller à 300 kilomètres d'ici, dans une école privée. Il n'y avait pas d'école secondaire française. Alors ça, c'était de vrais problèmes. Et il y avait, c'était des discriminations."

'*So that I could go to secondary school in French, I had to go 300 kilometres from here, in a private school. There weren't any French secondary schools. So those, those were real problems. And it had, it was discrimination.*'

4.3 Social services

Social service accessibility produced an average rating of 4.15 on the Likert scale, one of the lowest rated services. The range of ratings was 4, with the minimum of 2 and maximum of 6 (see Figure 6). Participants referred to the same sheet as previous services, and asked to consider social services such as the Ontario Works Program, the Ontario Disability Supports Program, Family and Children's Services, etc. In comparison to the health and education service sectors, only 13 participants responded on the Likert scale rating of social services. Of the participants who reported accessing social services in the region, only 28.6% did so in French. Of the small number of participants who felt comfortable rating the service's perceived accessibility, there were very few notable outliers when comparing demographic information to ratings and responses. Location, age and occupation had little influence on the ratings. The single highest score of 6 out of 7 was provided by a participant with a deep history of public service involvement and volunteering shared throughout their interview, reflecting an ability to navigate community structures and advocacy experience in less accessible sectors.

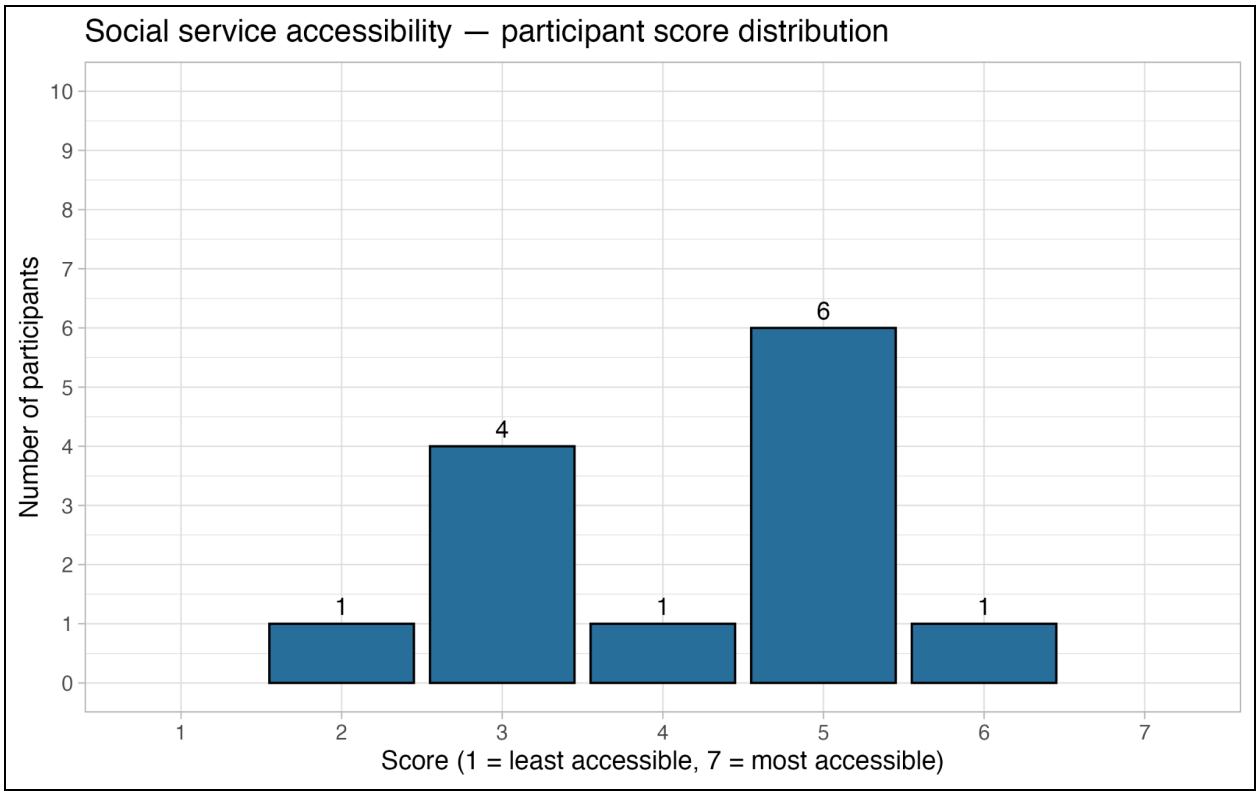

Fig. 6: Social service accessibility – participant Likert scale score distribution

The largest difference in responses is found when comparing participant ratings to years spent in the community. With social service being the second lowest rated service sector in the Likert scale responses, participant ratings increased with the number of years they have been living in the community ($r = 0.56$, $p = 0.046$), as seen in Figure 7. This pattern suggests perceived accessibility of sectors which are harder for participants to navigate is tied to communal relationships and local knowledge, likely of institutions and individuals working within them. Long-term residents may develop social and communal connections, word-of-mouth information and informal 'know-how' required to work around the gaps in less-established or less-accessible sectors. Time-accumulated social capital can supplement the gaps in institutional services, but implies a lack of accessibility for those less established or limited by other constraints in communal assimilation. There is a possibility worth considering

that accessibility over time has changed throughout time, or that waitlists and other time-bound factors may affect results. However, no participants made mention of this when asked about experiences accessing social services.

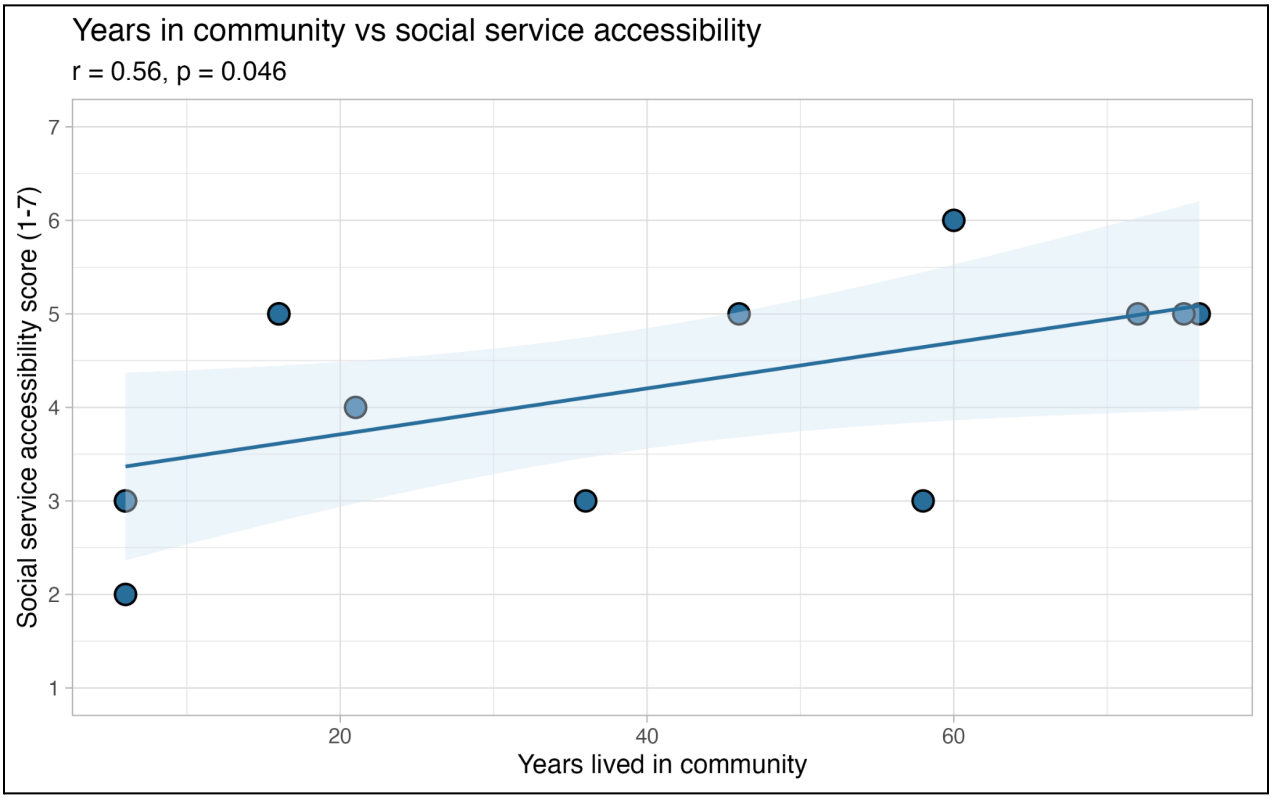

Fig. 7: Years living in the community vs. social service accessibility.

Further, participants' language fluency in English largely impacts the accessibility rating of social services. Participants' self-identification as bilingual in French and English rated social services higher than monolingual French speakers ($p = 0.015$), suggesting bilingualism is a strong asset in navigating the social service system. The lower ratings from monolingual participants likely point to a widely anglophone standardized social service system.

4.4 Justice and correctional services

Justice and correctional service ratings averaged the lowest of all sectors at 4.13 out of 7. Responses ranged by 4 points between a minimum score of 2 and a maximum of 6, illustrated below in Figure 8. Referring to the same example sheet, participants were reminded that justice and correctional services at the provincial public service level included correctional and probation services, rehabilitation services, court services, etc. Of the small pool of eight participants who reported using justice and correctional services in the region, only 19% reported using the services in French, the lowest percentage of French service use per sector. No notable age- or location-based outliers were found in justice service ratings. One participant, who previously worked as a career corrections officer in the area, rated justice and correctional services -2.13 points below average. A justice sector employee rating French justice service access 2 out of 7 is significant, which may indicate that a lack of access persists even with communal and institutional knowledge of the systems at hand. While the participant did not share many opinions or details on the subject, they stated the following in (11).

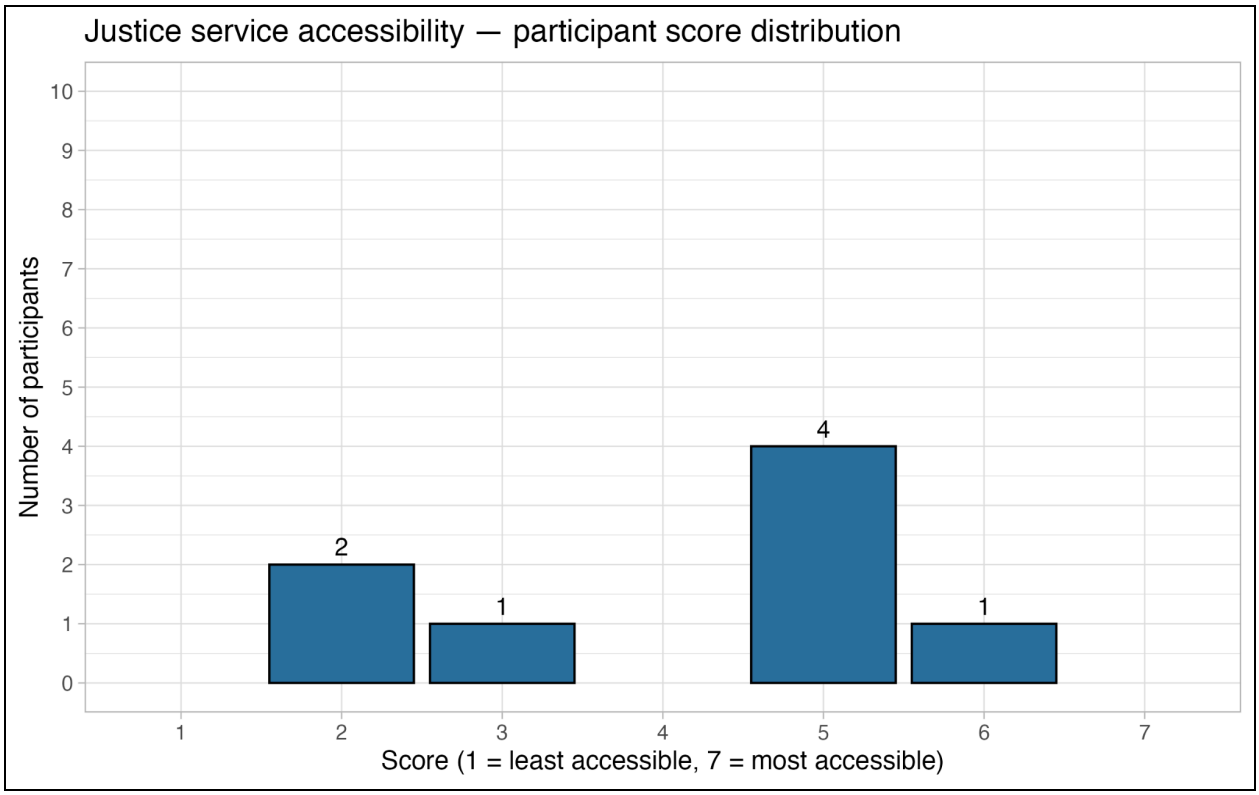

Fig. 8: Justice and correctional service accessibility – participant Likert scale score distribution

(11) P8 (00:08:19)

"Ça aussi, c'est assez difficile… le correctionnel, c'est plutôt anglais."

'*That too, it's pretty hard… the correctional, it's mostly English*'

Mirroring the results of the social service sector rating, the justice service sector responses show a positive relationship to the number of years a participant has lived in the community. Based on the Likert scale results, the longer a participant has lived in the community, the higher their accessibility rating for the lowest rated sectors ($r = 0.90$, $p = 0.002$), as shown in Figure 9. Long-term community members likely have communal knowledge and local relationships, allowing them to more easily navigate throughout less accessible service sectors. While this information and access are available to those who have spent years building

communal relationships, it implies limited accessibility for newcomers and those with limitations to communal participation.

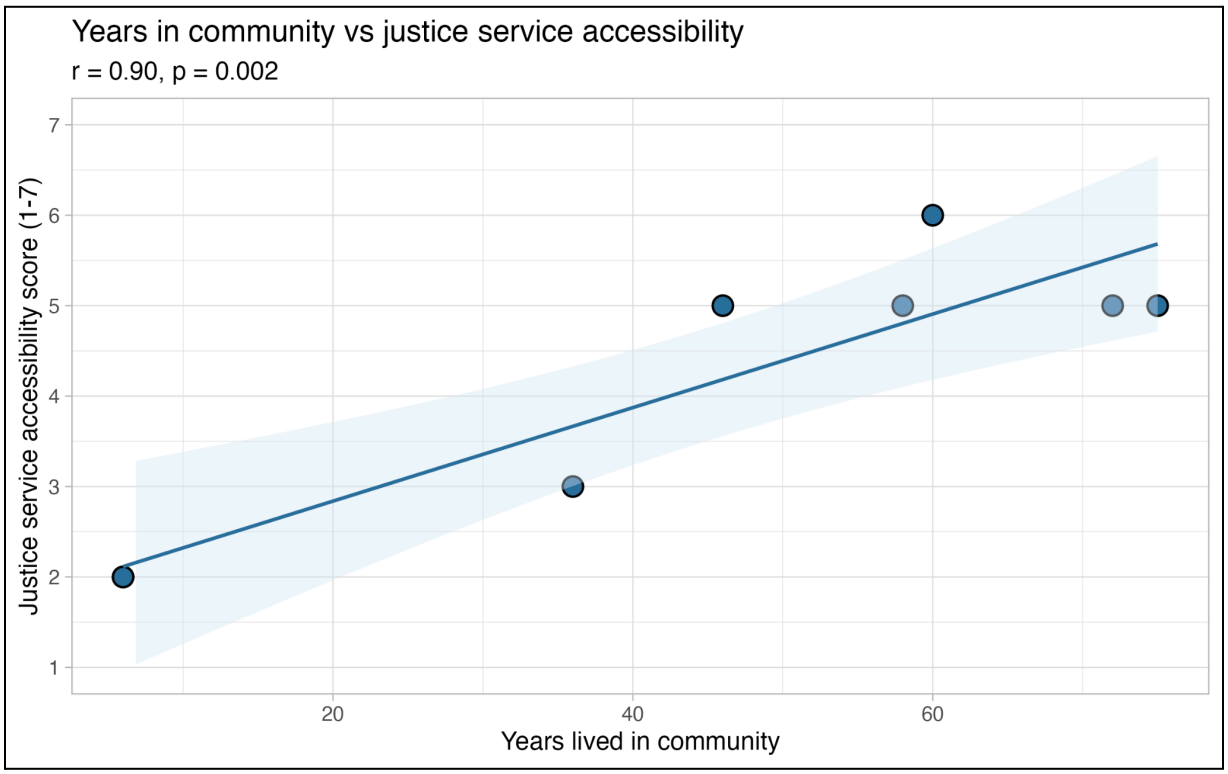

Fig. 9: Years living in the community vs. justice and correctional service accessibility.

While participant responses and experiences were very limited due to the lack of common use of justice and correctional services, those who did interact with this system shared some commentary on the need for bilingual or French services, and how they are lacking in the system even today. One participant shared their perspective on the topic of the lack of French-language emergency, health and justice services, seen below in (12).

(12) P12 (00:39:03):

> "Ça, c'est pas pardonnable, ça. Comme un système de justice, c'est rare que tu aies ça… il faut qu'il y ait quelqu'un de bilingue, là, au moins une personne."
>
> '*That is not pardonable. Like a justice system, you rarely have that ... there has to be someone bilingual there, at least one person.*'

4.5 Transportation and infrastructure services

Participant responses on transportation and infrastructure service accessibility produced a very limited number of responses, with almost all responses rating the sector 5 out of 7 on the Likert scale, except for two outliers. Using the same example sheet, participants referred to provincial public transportation and infrastructure services such as vehicle registrations, driving license examinations, Ministry of Transportation Ontario public offices, etc. The average rating produced was 5.65, with a minimum of 3 and a maximum of 7, with a range of 4 points. A full breakdown of participant score distributions (Figure 10) reveals the largest number of participants rated transportation services 6 out of 7 points, indicating high accessibility among the majority of the community and uniform accessibility across the region. Notably, all participants reported accessing transportation and infrastructure services, while 95.2% used these services in French. Only one participant out of all twenty-one stated that accessing services in French was difficult when prompted. Participant age, location, occupation and other demographic information bore little effect on participant ratings.

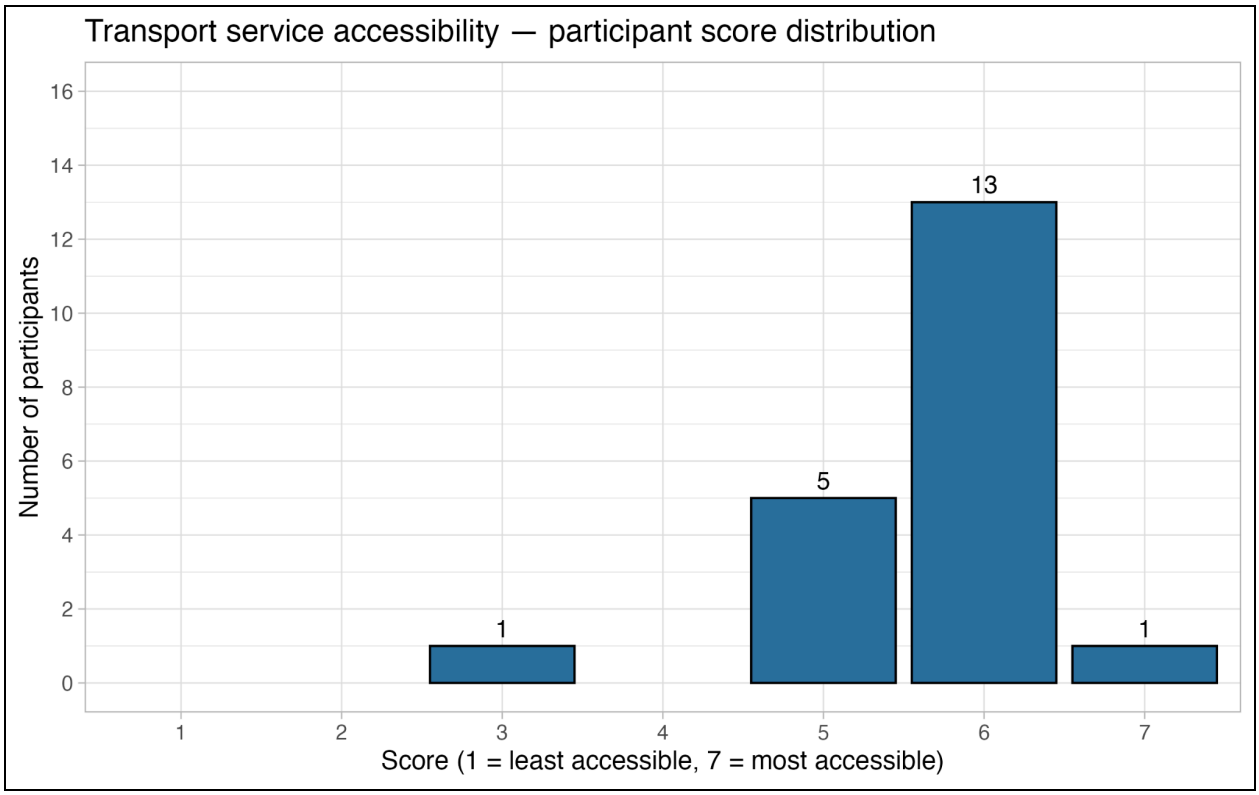

Fig. 10: Transportation and infrastructure service accessibility – participant Likert scale score distribution

While accessibility is rated very highly by participants in this sector, some participants recall experiences in the past where services in French were not available in the region, as P1 illustrates in (13). This change in experiences is likely influenced by the fact that the large majority of francophones in the region are bilingual, and services such as transportation and infrastructure services may be easier to use in a speaker's second language than others like health services and justice services, illustrated in (14) by the participant's report of easily changing to English when accessing transportation and infrastructure services. This sector, in comparison to the other sectors involved, requires less risk in comparison to health, education, social and justice services, where wellbeing, livelihood and other life-changing consequences may be at risk with incorrect expression or understanding. This opinion was echoed on four separate occasions, where participants made comments about the lack of stress as bilingual francophones, with an

assurance they can always receive services in English when not available in French, masking the difficulties they would otherwise encounter as monolingual francophones.

(13) P1 (00:12:43):

"J'ai déjà manqué dans le service de transport infrastructure. Oui, parce qu'il y a même 20 ans, les services c'était pas en français. Fait que tu allais passer ta licence avec un anglophone."

'*I've missed out on the transport and infrastructure services. Yeah, because even 20 years ago, the services weren't in French. So you had to pass your licence with an anglophone*.'

(14) P9 (00:12:19):

'Oui, je pense que la plupart du temps, c'est… on peut dire très facile, je pense facilement. … Quand toi tu es bilingue, fais que tu change, puis t'oublie un peu."

'*Yes, I think that most of the time, it's ... you can say very easy, I think easily. ... When you are bilingual, you can change, and you forget a little.'*

Additionally, the ease of accessibility reported today seems likely tied to the hiring of local bilinguals within the region, as (15) depicts clearly. In this example, a retired teacher is discussing whether she accesses transportation and infrastructure services in French or in English, when she clarifies the woman at the counter in the local transportation ministry is a former francophone student of hers.

(15) P5 (00:07:54):

"Français … La petite fille, c'est une ancienne élève. C'était facile."

'*French … The girl, she is an old student of mine. It was easy.*'

Throughout the transport and infrastructure portion of the interviews, several participants reported knowing the bilingual workers in the Ontario Ministry of Transportation office–including details like when they may be working– a level of local knowledge useful in assuring services can be accessed in French. Without an understanding of which employees are able to provide service in French and when, community members may be less likely to access the needed services in French.

4.6 Comparison

The above-discussed results should not only be considered in isolation within individual sectors, but rather combined into larger findings to understand the effects of each sector and the relationships between language, identity, policy and service accessibility. When evaluating the total results of the interviews, the mean Likert scale scores (1- 7) for each sector were as follows in (16).

(16) Mean scores per sector:

Education: 6.00;

Health: 5.68;

Social: 4.15;

Justice and Correctional: 4.13;

Transportation and Infrastructure: 5.65.

In comparing accessibility ratings and their distributions (Figure 11) with the number of participants reporting difficulty accessing a service in French (Figure 12), health services is the first to stand out. Health services are among the highest rated in accessibility by participants, but the single highest reported difficulty, at a 42.9% yes rate. Approximately 90.5% of participants reported using the services in French in total. As discussed, many factors influence these contradicting opinions and experiences for participants. This includes scarcity of providers, long wait list times, intermittent access in emergencies, and previous history of lack of services throughout the lifetime of the participants, all of whom were seniors and have likely faced different levels of accessibility changing throughout generations. While participants were encouraged to share perspectives from past and contemporary experiences, they were asked to consider their experiences specifically within the present context. This does not limit the ability to compare between past and present service conditions, but rather encourages participants to direct their attention towards current patterns of access. Any past experiences, whether shared anecdotally or comparatively by participants, may be read as indications of influencing factors in the lived experiences of francophone community members.

In contrast to health services, transportation and infrastructure services were among the highest rated sectors, with 95.2% of participants reporting accessing the services in French in the past. When questioned, only 4.8% of participants reported ever experiencing any difficulty accessing the services in French. This is likely strongly influenced by the hiring of local bilingual employees in government ministry offices–as depicted in (15)--, the primary use of in-person services, and the location at the local ministry office–a place more likely to adhere to language policy and access regulations.

While justice and correctional services was rated second highest on percentage reporting difficulty, an extremely small number of participants opted to respond to the question at all. Of all 21 participants, only 4 participants reported accessing justice services in French (19%). Of those four, one participant opted out of answering the questions regarding difficulty accessing, leaving only 3 participants. 2 of the 3 answered no, while the third answered yes to having had difficulty accessing the service in French. With regard to social services, only 6 participants reported ever accessing these services in French, all of whom stated they had no difficulty doing so.

Education services saw 95.2% of participants stating they have previously accessed them in French, while only 20% stated they encountered difficulty doing so, likely tied to institutional anglicization, lack of resources, and historical lack of access in the region influencing ongoing perceptions. As discussed when comparing health sector accessibility, both present and past experience must be considered as at least minor influences on participant perception.

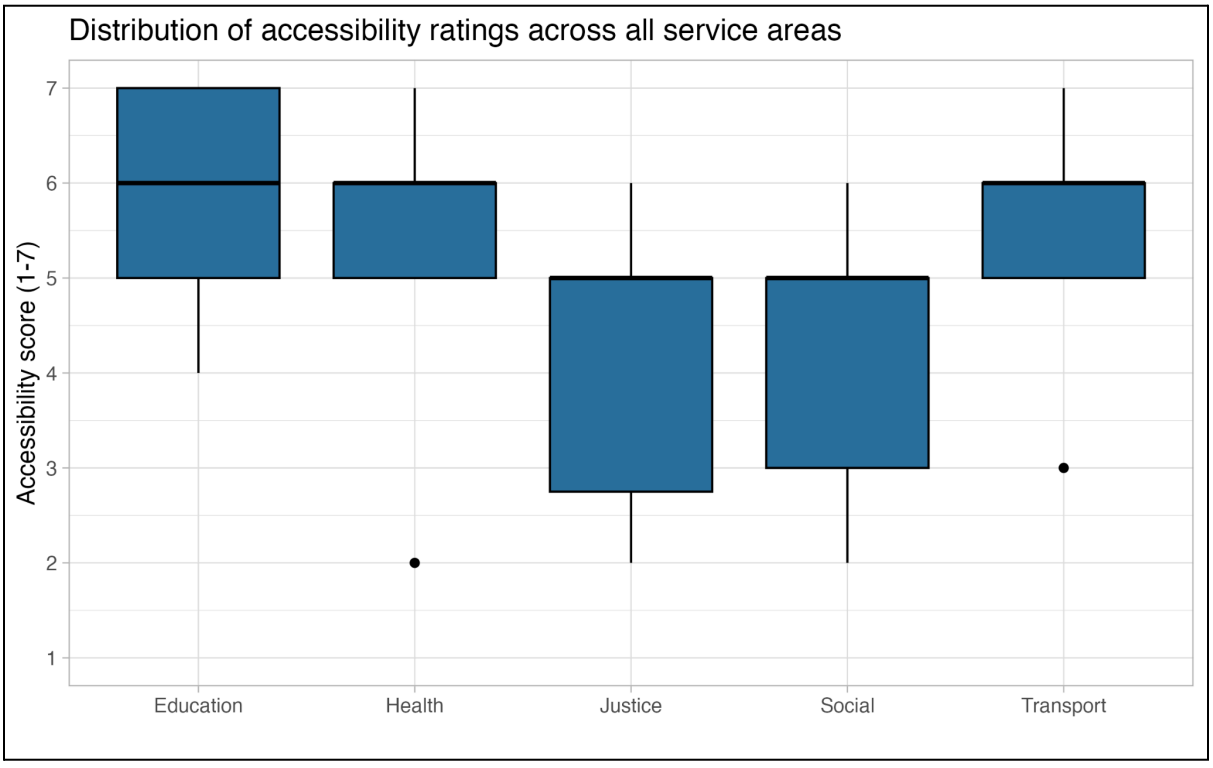

Fig. 11: Accessibility ratings – Likert scale distributions across all sectors.

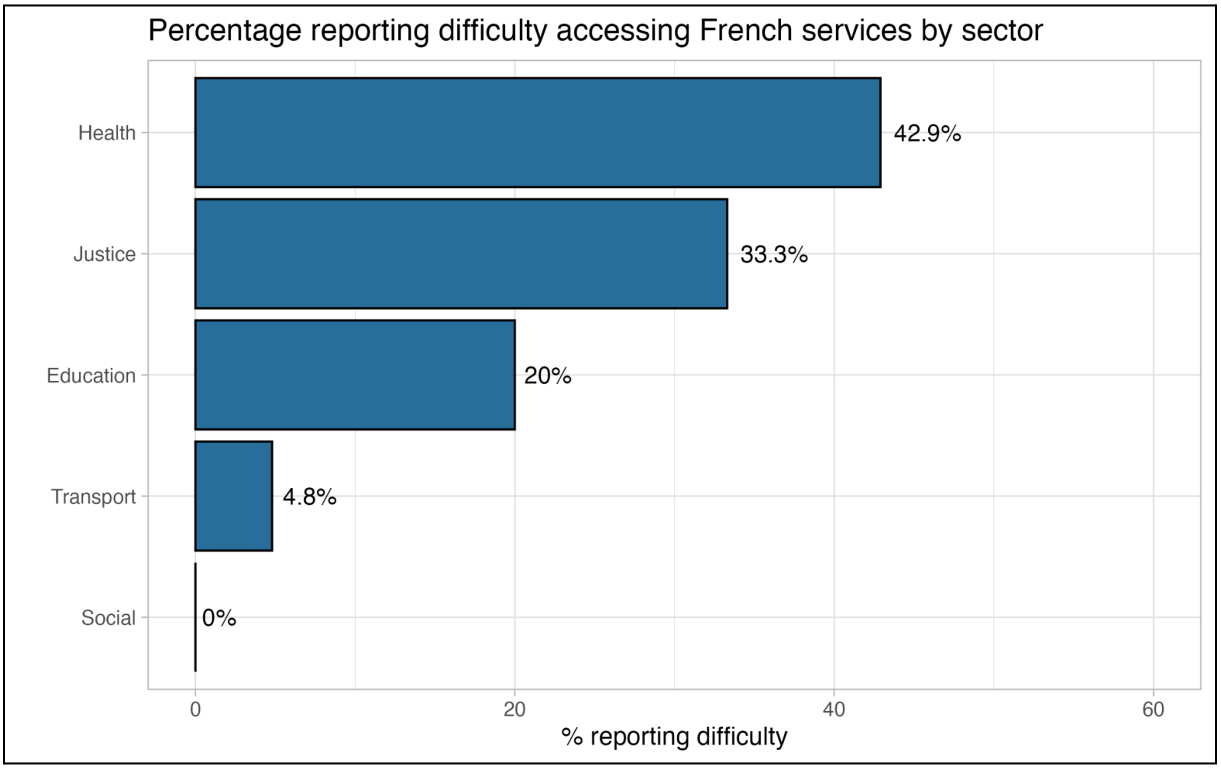

Fig. 12: Percentage of participants reporting difficulty accessing French-language service by sector.

When asked, 90.5% of participants stated they always choose to access public services in French first, and this was found to be for various reasons. On eight separate occasions, participants made commentary about the mindset ‘use it or lose it’, as shown in (17). Several participants alluded to moral obligations to maintain service use for intergenerational transmission, for the upkeep of the already available services and for the sake of the language itself, as shown by (18). In keeping with the foundation of the French Language Services Act (1990), some participants pointed out the role of active vs. passive offer by stating the offer of French Language Services is present in the region, but it is not active unless asked–or sometimes pushed– for, hinting towards some participants' absorption of the actual institutional policy affecting their services, as seen in (19). In total, eight participants made mention of the fact that

services exist in French in the region, but only by demand; without asking for services in French, they won't be readily available.

(17) P18: (00:04:32):

"Parce que je me dis toujours, si on ne demande pas de services en français, on n'en aura pas."

'*Because I always tell myself, if we don't ask for services in French, we won't have any.*'

(18) P1 (00:19:50):

"C'est plus qu'un point d'honneur. C'est une nécessité. Puis si tu ne le vois pas comme une nécessité de propager ton amour de la langue et l'utilisation de ta langue, tu te fais mal à toi-même."

'*It's more than a badge of honour. It's a necessity. And if you don't see it as a necessity to propagate your love for your language and the use of your language, you're hurting yourself.*'

(19) P20 (00:10:12):

"C'est pas gênant de demander à être servi en français. L'offre est là et pas nécessairement active comme on dit, mais… L'offre est là quand même."

'*It's not a big deal to ask to be served in French. The offer is there and is not necessarily active like we say, but… The offer is still there*.'

Other recurring themes throughout interviews were that of the duty of language maintenance lying on the personal level rather than the communal level. Five participants made mention of personal responsibility to maintain French-language service availability as more important than institutional or communal responsibility. Beyond the scope and topic of this study, this theme can be extended into related sociological and linguistic inquiry, where individual responsibility should be given equal or similar weight to government and institutional responsibility. Government cuts and threats to community vitality were other repeating themes for some participants. Over half the participants reported being required to accept English services when not available in French, and over two-thirds reported being required to travel over one hour to access a service in French. Few participants made mention of beliefs about which services were more important than others. Three participants in total shared opinions about health services being the most critical, as seen in (20) and (21), who discuss the sacrifice of linguistic rights for the need for services.

(20) P1 (00:10:39)

"Ça, c'est le point le plus critique, vraiment… On manque de soins de soutien, puis en français… bien, surtout les soins de santé."

'*That is the most critical, really… We're missing supportive care, and in French… well, especially the health care.*'

(21) P20 (00:09:13)

"On va accepter… le soin lui-même, c'est ce qui est plus important, pas les droits linguistiques."

'*We will accept… the care itself, it's what is most important, not the linguistic rights.*'

In total, 61.9% of participants reported that French-language public services were harder to access in the region than English ones. Echoing the perspective shared in the health services results section, five participants expressed limitations to their ability to articulate needs or emotions in English when accessing services dependent on this articulation. Four out of the five participants expressed this limitation when discussing accessing health services in French, a sector reliant on the expression of personal details and states for accurate treatment.

5. Discussion

For each service sector, the role of the community emerges as an influencing factor across the perception of access. In both social services and justice and correctional services, a participant's perspective on accessibility is shown to be strongly related to the number of years they have spent living in the area. In transport and infrastructure services, participants repeatedly recall their knowledge of local bilingual staff as an asset to accessing services in French, contributing to the high rating of accessibility and consistently low reporting of experienced difficulty in accessing the services in French. These trends across all three sectors echo findings from Heller & Mougeon (2010), in which relationships to services are bound by the individual's relationships to the community itself, rather than the accessibility of the service. This requires the upholding of service accessibility and policy implementation to be done by local municipality governments and their community members rather than higher-level institutional powers (Backhaus, 2012).

Similarly to these sectors, in the education services sector, the most common influence or problem cited by participants is anglicization within schools, aligning with the role of community and its changing landscape explained by Heller & Mougeon. While community is the largest influence on the services used and their accessibility, the changing ethnolinguistic landscape of the region results in a heterogeneous community where it was once largely homogeneous. This change is found specifically in the anglicization of francophone schools, where homogeneous ethnolinguistic communities are no longer the influence on education services. This change is reflected through the reporting of increased English use among students in schools, in schoolyards, among administrations and in teacher communications within the administration and with parents. While travel required was a second issue commonly brought up

in the education sector, almost all stories and opinions were based on experiences from before 2010. While these are still relevant in illustrating historical sociological influence on opinions today, they are largely inaccurate to the current education service sector. Finally, the health services sector points in a separate direction from its counterparts. Lack of continuity of French-language health services and scarcity of providers were the most prominent themes illustrated in interviews by participants. In each of these, larger underlying issues fuel the issues specific to the regions' French-language services, whether it be the ongoing family physician shortage (Ontario Medical Association, 2025), lack of physician retention (Mathews et al., 2022), or physician turnover rates specific to Northern Ontario (Jolicoeur et al., 2022). As the Public Health Agency of Canada (2015) states, public health services act as a key determinant of health. For northeastern francophones, health outcomes are significantly lower in comparison to the general francophone population (Bouchard et al., 2012). While larger health service issues across the province play a significant role, they are further exacerbated in the rural and minority linguistic context.

Evaluating all responses throughout each sector, community remains a strongly recurring theme in participant responses and factors affecting accessibility ratings. When participants were prompted to provide a word to describe the francophone community in the region, the most common were ‘active’, ‘proud’ and ‘lively’. In total, seventeen participants (81%) chose positive descriptors, many of them synonymous with the ones previously listed. Only four participants (19%) chose words that are negative, including ‘pitiful’, ‘aging/shrinking’ and ‘in decline’. The contrast in vocabulary choice highlights the difference in opinions fueling these descriptions. The positive descriptors chosen are mostly agentive and describe ongoing activism in the community, while also pointing towards perspectives of rejuvenation in participants. In comparison, the more

negative descriptors chosen by participants have a stronger range in perspective. 'Aging/shrinking' refers to an ongoing demographic shift; 'in decline' refers to the trajectory of the linguistic community itself; 'pitiful' is an evaluative judgement of the people and the community itself, implying personal disappointment or even complicity as a community member. Throughout all interviews, almost all participants reported some form of community structure or events which help with–or are responsible for– the conservation of the francophone community and its language vitality in the region, many of which rely on religious organizations and not-for-profit community organizations. Over two-thirds of the participants report these structures being a tool for francophone identity maintenance in the region. Further, participant opinions around community organizations and events point to a larger theme, echoed specifically in the social services and justice and correctional services results, where time spent in a community is directly tied to francophone identity and local knowledge, allowing long-term members to pass through systems more effortlessly as established members of the community.

Throughout the interviews, participants displayed a wide array of linguistic features and patterns as sociolinguistic evidence. Primarily, code-switching and borrowing from English were displayed by both monolingual and bilingual francophones, consistent with patterns across bilingual minority communities where languages in contact are rarely stored in separate registers in speakers (Grosjean, 2001). The most common occurrences found were English loanwords fully absorbed into the spoken French morphology, such as "je vais *shopper*", "*canceller*" and "*checker*", where English roots have the added French verbal inflection and are used unremarkably in ordinary vocabulary. In line with Beniak & Mougeon (1991), participants display patterns of lexical borrowing, code-switching, and French vocabulary loss as a result of restriction as a minority language in a bilingual setting. Several single-word or short-phrase

switches to English mid-utterance were found throughout interviews as well, most commonly used for affective or evaluative content. Understood through Gumperz (1982), conversational code-switching, interjection and message qualification are used rhetorically for expressive or intensifying functions within French language contexts. Several instances of quotative code-switching were found when participants reported the speech of other English speakers, in line with Goffman's (1981) concept of *footing*. This concept refers to the language switch signalling a shift between the participant's alignment, momentarily aligning themselves with another speaker's speech in their own language before returning to their primary footing.

Participants' language use also included the characteristic traits differentiating Laurentian French from other metropolitan and Québécois norms. Repeatedly, the use of the interrogative '*-tu*' particle in (21) functions as a grammaticalized morphosyntactic question marker (Beniak & Mougeon, 1991). Similarly, '*là'* occurs at a high frequency across several transcripts, used as a discourse-pragmatic particle comparable in use and function to English '*you know*' or '*eh*', as seen in (22) and (23).

(21) P14 (00:05:04)

"C'est-tu la possibilité d'avoir un service en français de santé?"

'*Is it the possibility of having a health service in French*?'

(22) P10 (00:09:30)

"C'est de l'hôpital qu'on parle là."

'*We're talking about the hospital here/you know*'

(23) P16 (00:08:07)

"Ça n'existe plus là"

'*It doesn't exist anymore, you know'*

While only two of all twenty-one participants reported being monolingual francophones, these two participants stand out in their differing linguistic habits, in combination with repeated narrative statements about social exclusion tied to language. Both participants display several incidents of false starts, repetition, self-interruption and hedging across the span of their interviews, as displayed in (24) and (25). In keeping with Beniak and Mougeon's (1991) restriction hypothesis, these linguistic features are consistent with speakers whose French-language access is restricted across social domains.

(24) P2 (00:11:51)

"Si je me déplace, oui…parce que, oui. Attends un petit peu là… Comment je dirais…"

'*If I travel, yes… because, yes. Wait a minute… how would I say…'*

(25) P3 (00:20:22)

"Moi j'ai eu… j'ai été allé voir quelqu'un là, bien que… bien qu'il était anglais, fait que."

'*I had… I went to see someone there, although… although he was English, so*'

Combining these linguistic features with the narrative statements surrounding social exclusion, the monolingual participants point towards perceptions of sociolinguistic exclusion

within the francophone community. In keeping with Heller's (2003) Bourdieusian reading of linguistic capital, bilingual linguistic competence acts as valued social and economic capital within the community, allowing for monolingual speakers to be in disadvantaged social and economic positions. This position is not only relative to institutions and larger social structures, but is reflected within the smaller community level within everyday social dynamics, where bilingual peers may move fluidly between languages according to their needs while monolingual speakers can not. This implies that while bilingual competence acts as an asset for those who have it, it produces exclusion even within francophone spaces.

6. Conclusion

This study as a whole does not simply contribute that French-language services are “hard to access" in the Timiskaming District. Rather, it highlights that the role of structural availability and lived experience are systematically influenced by one another across almost every service sector examined. One of the primary uses of the findings of this research is to show that service accessibility is larger than merely language policy and its planned accessibility. Instead, the role of a participant within the community emerges as one of the key influencing factors in perceived accessibility. Sociolinguistic perspectives surrounding the role of community and social dynamics, coupled with linguistic features displayed by participants, touch upon questions of the role of monolingualism in a demographic facing growing anglicization and bilingualism. The use of Laurentian French features by participants additionally points to the further consideration of service providers and their linguistic varieties. Service providers across all sectors, including judges, teachers, doctors, etc., may speak the same or different varieties of French. While no service providers were interviewed in this research aside from retired teachers, future research on this topic may point to sociolinguistic patterns in both providers and service users worth investigating, including the possibility that communal belonging or exclusion are indexed through linguistic features.

Limitations to this research include primarily the sample size of the participant pool, including only twenty-one participants across the senior-aged community of the region, meaning any findings in this research can be considered only as exploratory findings. Further research on the same topic may include a larger sample size, an expanded demographic of participants not restricted to one age range, or both a larger sample size and broader demographic. Further, this research is not exclusively an examination of provincial policy and its gaps, meaning limitations

exist in the consideration of policy application and its realities beyond the scope of this research. As discussed, a shortage of providers, especially French-language service providers, affects the realities of service accessibility. Further consideration should be given to the shortages of providers across health services, education services, social services and justice and correctional services as major influences. Finally, participants in this research all belonged to similar ethnolinguistic and social classes. While this is not a primary consideration, the role of race, class and other significant social categories should be considered when extending these results into the rest of the province. All participants were of Canadian nationality, while 19% of francophones in the province are non-Canadians (Government of Ontario, 2024).

In closing, accessibility acts not as a checkbox for policy to meet but as a relationship between community members, lived experience and structural availability. Though exploratory, this research opens many questions and doors to research in an understudied community. Future research and future policy should look beyond the availability of services and to the people delivering and receiving them.

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